

OFFICE OF PUBLIC CARRIER
Delaware Transit Corporation
119 Lower Beech Street, Suite 100
Wilmington, DE. 19805-4440
(800) 652-3278 Prompt 7 or (302) 577-3278
M-F 8:30 AM to 4:00 PM

Application for Transportation Network Company Permit of Operations

INSTRUCTIONS

- 1) Please Complete All Sections of this Application.
- 2) Please Type or Print Clearly using Black or Blue Ink.
- 3) Please label all Attachments as requested by this Application.
- 4) Contact the Office of Public Carrier (1-800-652-3278 Prompt 7) with any questions.
- 5) An Incomplete Application cannot be processed.

SECTION I - APPLICANT INFORMATION

Applicant Name

Trading As

Mailing Address
(include a street address)

Contact Person and Position

Contact Person's E-Mail Address

Contact Person's Business Phone No.

Contact Person's Business Fax No.

Website Address

SECTION 2 - APPLICANT BUSINESS INFORMATION

Identify all Officers and
Directors

Date of Incorporation

State of Incorporation
(Attach Copy of Certificate of
Good Standing - Label as
Attachment A)

Delaware Registration
Date

Delaware Business
License Number and
Expiration Date
(Attach Copy – Label as
Attachment B)

SECTION 3 – APPLICANT'S DELAWARE SERVICE AGENT

(Applicant is responsible for maintain current Service Agent
information with the Office of Public Carrier)

Service Agent Name _____

Service Agent Contact Person _____

Address _____

(street address required)

Telephone No. _____

Facsimile _____

Cell _____

Email _____

SECTION 4: APPLICANT INSURANCE INFORMATION

Pursuant to 2 Del C. §1908 automobile liability insurance coverage is to be provided by the Applicant, Applicant's TNC driver(s), or a combination thereof. Provide a copy of all automobile insurance to be provided by Applicant as Attachment C.

Is Applicant providing all or a part of the required insurance?

All _____ Part _____

Insurance Carrier Name(s)

NAIC(s)

Policy Effective Dates

Commercial Liability Coverage
Deductible or Retention

Uninsured Motorist Coverage
Deductible or Retention

Primary Insurance Coverage:

- Death and Personal Bodily Injury per person
- Death and Personal Bodily Injury per incident
- Property Damage
- Deductible/ Retention

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Pursuant to 2 Del C. §1908 (4) Applicant is required to provide automobile insurance if the Applicant's TNC driver's coverage lapses or is not provided by the Applicant's TNC driver. Applicant warrants and agrees that it shall provide the coverage required by this section beginning with the first dollar of a claim and have the duty to defend such claim. Attach copies of all valid and enforce insurance certificates hereto as Attachment D.

Insurance Carrier Name(s)

NAIC(s)

SECTION 5: CUSTOMER SUPPORT INFORMATION

Applicant is to maintain a Customer Support Section on its Website. Please provide proof of Applicant's compliance with Customer Support Website Requirements as Attachment E and identify the following:

Customer Support E-Mail Address

Customer Support Hyperlink

Customer Support Telephone Number

Vehicle Identification Information

Driver Identification Information

SECTION 6: APPLICANT'S TNC DRIVER OPERATION POLICIES

Applicant is to maintain its Zero Tolerance Drug and Alcohol Use; No Street Hails; Insurance; No Cash Trips and No Discrimination Accessibility policies on a website accessible to TNC's drivers.

Please provide the website addresses where the Applicant maintains these policies for Delaware:

SECTION 7: APPLICANT CERTIFICATION

I certify, to the best of knowledge, that the information provided in this Application and all documents attached hereto are true and accurate. I acknowledge and understand that any false or inaccurate statements may result in the rejection of this Application. I further certify that I am a duly authorized representative of the Applicant and I possess the authority necessary to bind the Applicant to the terms and conditions set forth in this Application, a Permit of Operations, if issued, Chapter 19 of Title 2 of the Delaware Code and all rules and regulations promulgated thereunder ("Transportation Networks Law").

Applicant Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

FOR OFFICE USE ONLY

Reviewer _____ Title _____

Application Completion Date _____

Annual Fee Paid \$ _____ Date Fee Received _____

Permit Issuance Date, if applicable _____

Permit Revocation Date, if applicable _____

Permit Suspension Date, if applicable _____

Permit Reinstatement Date, if applicable _____

Comments: _____

